Pro Bono Reporting Form for 2007

Paralegals contributing 24 or more hours annually to
Pro Bono services will receive special recognition.

Name:		
Address:		
City:	**State:**	**Zip:**
Phone:	**Fax:**	**E-mail:**
Date volunteered:	**Number of Hours:**	
Agency Name:		
Supervisor Name:	**Supervisor Phone:**	
Brief Description of work performed:		

I attest that I have completed the pro bono work described above and the information listed above is true and accurate to the best of my knowledge.

Signed: **Date:**

Do you wish to have notice of your recognition sent to your employer? [ ] Yes [ ] No

EMPLOYER: _____
ADDRESS: _____
_____
ATTN: _____

Submit to:

Pro Bono Chair
Cincinnati Paralegal Association
P.O. Box 1515
Cincinnati, Ohio 45201
pro_bono@cincinnatiparalegals.org
Deadline April 15th